

00021063-0660

APPLICATION FOR A U.S. PASSPORT
Please Print Legibly Using Black Ink Only

OMB APPROVAL NO. 1405-0004
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 85 MIN

Attention: Read WARNING on page 1 of instructions Please select the document(s) for which you are applying: <input type="checkbox"/> U.S. Passport Book <input checked="" type="checkbox"/> U.S. Passport Card <input type="checkbox"/> Both <small>The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.</small> <input type="checkbox"/> 26 Page Book (Standard) <input type="checkbox"/> 62 Page Book (Non-Standard) <small>Note: The 62 page option is for those who frequently travel abroad during the passport valid period and is recommended for applicants who have previously received that addition of visa page.</small>		 139165909		
1. Name First: Aguirre Middle: Lopez Jose		<input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> DP DOTS Code End. # _____ Exp. _____		
2. Date of Birth (mm/dd/yyyy) 09/27/1964		3. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.) HOT SPRINGS Texas TX	
5. Social Security Number 461 89 3240		6. Email Address (e.g. my_email@domain.com) @		7. Primary Contact Phone Number 432 300 0287
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. 910 COEN ST.				
Address Line 2: Clearly indicate Apartment, Company, Suite, Unit, Building, Floor, Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100)				
City: Odessa		State: TX	Zip Code: 79766	Country, if outside the United States:
9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed).				
A. _____ B. _____				
10. Parental Information Mother/Father/Parent - First & Middle Name: Socorro Aguirre Aguirre Date of Birth (mm/dd/yyyy): 10-20-1934 Place of Birth: STATE OF Chihuahua Mother/Father/Parent - First & Middle Name: Jose Lopez Miranda Date of Birth (mm/dd/yyyy): BA- Place of Birth: Mexico				
CONTINUE TO PAGE 2				
DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.				
✓ Jose Lopez Aguirre Applicant's Legal Signature - age 16 and older				
✓ _____ Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)				
✓ _____ Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)				
✓ _____ Acceptance Agent: <input type="checkbox"/> (Vice) Consul USA <input type="checkbox"/> Passport St. Agent				
LUBBOCK CO. DISTRICT CLERK ODESSA, TX (Seal) Facility Name/Location: <i>Maria Carrillo</i> Signature of person authorized to accept applications				
For Issuing Office Only → Bl: _____ Card: 30 Execution: EF Postage: _____ Other: _____				
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Name of Applicant (Last, First & Middle)					Date of Birth (mm/dd/yyyy)
<i>JOSE LOPEZ AGUIRRE</i>					<i>9-27-1964</i>
11. Height	12. Hair Color	13. Eye Color	14. Occupation (if age 16 or older)	15. Employer or School (if applicable)	
<i>5'6</i>	<i>soft / wavy</i>	<i>Brown</i>	<i>Trot Driver</i>	<i>High school</i>	
16. Additional Contact Phone Number					
Home	Cell	Work	Home	Cell	
17. Permanent Address - If P.O. Box is listed under Mailing Address <input type="checkbox"/> or if residence is different from Mailing Address.					
Street/RFD # or URB (No P.O. Box)			Apartment/Unit		
<i>910 COEN ST</i>					
City	State	Zip Code			
<i>Odessa</i>	<i>TX</i>	<i>79766</i>			
18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name	Address: Street/RFD # or P.O. Box	Apartment/Unit			
<i>Socorro Aguirre</i>	<i>432 300-0287</i>	<i>Same</i>	<i>base</i>		
City	State	Zip Code	Phone Number	Relationship	
<i>Odessa</i>	<i>TX</i>	<i>79766</i>	<i>2382106</i>	<i>Mother</i>	
19. Travel Plans					
Date of Trip (mm/dd/yyyy)	Duration of Trip	Countries to be Visited			
<i>3/24/13</i>	<i>1 week</i>	<i>Mexico</i>			
20. Have you ever been married? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the remaining items in #20.					
Full Name of Current Spouse or Most Recent Spouse		Date of Birth (mm/dd/yyyy)	Place of Birth	U.S. Citizen?	
<i>Laura Padilla</i>		<i>UNKNOWN</i>	<i>California</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Marriage (mm/dd/yyyy)	<i>1990</i>	Have you ever been widowed or divorced? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date (mm/dd/yyyy)	<i>UNKNOWN</i>
21. Have you ever applied for or been issued a <u>U.S. Passport Book</u> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the remaining items in #21.					
Name as printed on your most recent passport book Most recent passport book number					
Status of your most recent passport book Date most recent passport book was issued					
<input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired) Approximate date you applied (mm/dd/yyyy)					
22. Have you ever applied for or been issued a <u>U.S. Passport Card</u> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the remaining items in #22.					
Name as printed on your most recent passport card Most recent passport card number					
Status of your most recent passport card Date most recent passport card was issued					
<input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired) Approximate date you applied (mm/dd/yyyy)					
PLEASE DO NOT WRITE BELOW THIS LINE					
FOR ISSUING OFFICE ONLY					
<input type="checkbox"/> Sole Parent Name as it appears on citizenship evidence <input checked="" type="checkbox"/> Birth Certificate - SR <input checked="" type="checkbox"/> CR City Filed: <i>04/08/2002</i> Issued: <i>04/12/2002</i> <input type="checkbox"/> Report of Birth 240 545 1350 Filed/City: <i>Court order delayed w/ cont'd. in sufficient evidence</i> <input type="checkbox"/> Nat. / Citz. Cert. Date/Place Acquired: <input type="checkbox"/> Passport C/R S/R Per PIERS F/DOL A# <i>0-# of mother</i> <input type="checkbox"/> Other <i>bapt. cert.</i> <i>2nd ap. cert. 208 TX</i> <input checked="" type="checkbox"/> Attached: <i>JRC</i> <i>DOB: 9/27/64</i> <i>Appl'd: 9/27/04</i> <i>Issued: 10/6/05</i> <input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> Bio Quest: <input type="checkbox"/> Citz W/S <input type="checkbox"/> DS-10 <input type="checkbox"/> DS-86 <input type="checkbox"/> DS-71 <input type="checkbox"/> DS-60					
DEPARTMENT OF STATE <i>5/24/2013</i> EUGENIE BAILEY					
 * DS 11 A 12 2010 2 *					



00021063-0663



United States Department of State

Houston Passport Agency

1919 Smith Street – Suite 1400

Houston, TX 77002-8049

1-877-487-2778

March 21, 2013

Jose Lopez Aguirre
910 Coen St
Odessa, TX 79766

RE: 139165909

Dear Mr. Aguirre:

Thank you for your recent passport application. The evidence of U.S. citizenship or nationality you submitted is acceptable for passport purposes for the following reason(s):

- The certificate shows that your birth was recorded more than one year after your birth occurred, and the evidence used to create the delayed birth record is not sufficient.

Please submit a combination of early public records created near the time of your birth, which shows your date, and place of birth such as:

- Hospital Certificate,
- Baptismal Certificate,
- Early School Record, or
- U.S. Census Record (For more information on obtaining U.S. census records please contact the Census Bureau at (800)-923-8282 or visit <http://www.census.gov>.)

Note: All documents submitted to our office must be original or certified.

We appreciate your assistance in this matter so that we may continue processing your passport application. We do not receive the requested information within ninety (90) days from the date of this letter; or the information submitted is insufficient to establish your entitlement to a U.S. passport in accordance with the relevant provisions of Part 51, Title 22 of the Code of Federal Regulations, your application will be denied and your evidence returned to you. By law, the passport execution and application fees are non-refundable. Any special return postage will be returned or refunded.

If you have any questions regarding this letter or your passport application, contact the National Passport Information Center (NPIC), toll-free, at 1-877-487-2778 (TTY/TDD: 1-888-874-7793). For general passport information, to check the status of your passport application, or to enroll in our Smart Traveler Enrollment Program (STEP), please visit us online at travel.state.gov.

PLEASE RETURN A COPY OF THIS LETTER WITH YOUR REPLY.

Sincerely,

Customer Service Department

YM/ns

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Thu 03/21/2013